



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E394797

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00228
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	01	-	24	-	2015			1346	31		
										N	E
										S	W
										IN	OF
											0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

20 ST BLOCK NO. ☒ 11700

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) 117 AVE NE

☐ FEET ☐ S ☐ W ☐

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	BENOIT	FIRST NAME	MICHAEL	MIDDLE INITIAL	A
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STREET NEW ADDRESS ☐ 12304 20TH NE

CITY	LAKE STEVENS	ST	WA	ZIP	982580000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BENOIMA336DQ	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	03	-	18	-	1967
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	177YZA	STATE	WA	VIN#	JN8AR05YXWW252583
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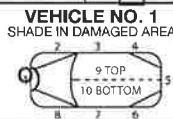
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1998	MAKE	NISS	MODEL	PATH	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MICHAEL BENOIT PO BOX 1440 LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	HALLMARK INS CO 04612007003
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3608205470
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LAST NAME	FISHER	FIRST NAME	EMILY-MAE	MIDDLE INITIAL	N
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STREET NEW ADDRESS ☐ 3323 68TH DR NE

CITY	MARYSVILLE	ST	WA	ZIP	982706978
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	FISHEEN020CE	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	02	-	05	-	1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	NECK PAIN
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LICENSE PLATE #	ASB6592	STATE	WA	VIN#	1N4DL01D4XC253198
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1999	MAKE	NISS	MODEL	ALT4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. GLENN FISHER 3323 68TH DR NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 75928892-7
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E394797

CASE #

15-00228

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

BURDAN SUZY R

ADDRESS & PHONE #

12304 20 ST NE LAKE STEVENS WA 4253280939

SEX

F

D.O.B.
MMDDYYYY

10

14

1978

PASSENGER ☒

WITNESS ☐

UNIT #

1

SEAT
POS.

3

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

INJURY
CLASS

1

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

HAGEN ZAVIER K

ADDRESS & PHONE #

7519 18 ST SE LAKE STEVENS WA 98258 4258701245

SEX

M

D.O.B.
MMDDYYYY

05

05

1998

PASSENGER ☒

WITNESS ☐

UNIT #

2

SEAT
POS.

3

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

INJURY
CLASS

7

NATURE OF INJURIES

NECK PAIN

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 2 had stopped for traffic waiting to make a left hand turn. Unit 1 driver said that he looked down for a second and when he looked up he applied his brakes and slid into Unit 2. Unit 1 rear ended Unit 2. The driver and passenger complained of some neck pain. The passenger in Unit 2 was gone when the police arrived. His father picked him up.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-24-15 03:10 PM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

1/24/2015 5:35:19 PM

BADGE OR ID #

013

ORI #

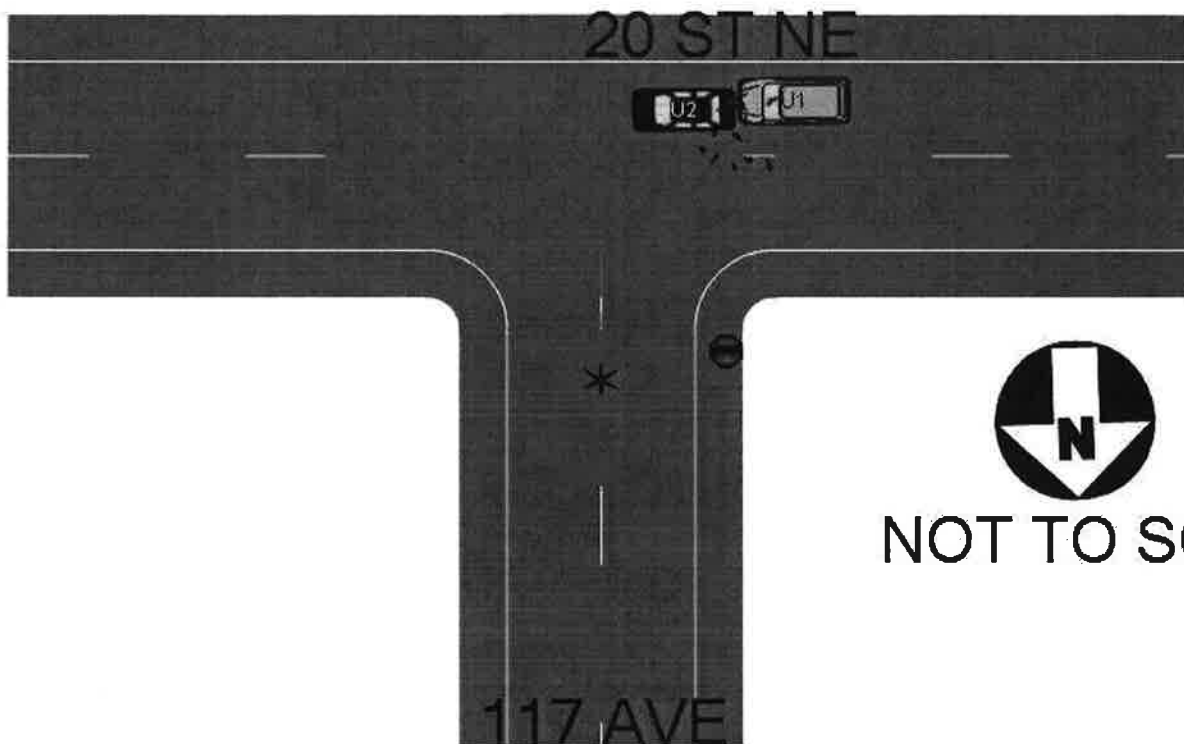
WA0311900

TIME POLICE DISPATCHED

1:46 PM

TIME POLICE ARRIVED

1:50 PM



NOT TO SCALE

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

1500228



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Fisher, Emily Mae Nicole	RACE Cav.	ETH	SEX F	DOB 2/5/98	AGE 16	HGT 5'4"	WGT 105	HAIR Blk	EYES Blue
STREET ADDRESS 3323 68th Dr NE		CITY Marysville			STATE WA	ZIP 98270	RES. STATUS Full time			
HOME PHONE N/A		CELL PHONE 360) 820-5470			PLACE OF EMPLOYMENT N/A					
WORK PHONE N/A		EMAIL ADDRESS e.fish.9811@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was at a complete stop, with my blinker on, going to take a left hand turn when I was hit on the passenger side of my vehicle. Myself, and the passenger that was in the car with me, both have neck pain.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 01/24/15	LOCATION SIGNED LK STEVENS
OFFICER/NUMBER: 561	DATE SIGNED 11	LOCATION SIGNED 11

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

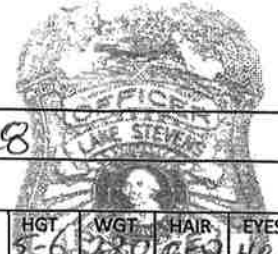
PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00228



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Benoit Michael Allen	RACE W	ETH	SEX M	DOB 3-18-67	AGE 47	HGT 5-6	WGT 230	HAIR Grey	EYES Hazel
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STREET ADDRESS 12304 20th St. N.E.	CITY Lk. Stevens	STATE W	ZIP 98058	RES. STATUS Full
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HOME PHONE	CELL PHONE 425-971-1790	PLACE OF EMPLOYMENT evergreen HARDWOODS
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WORK PHONE 206 226 3718	EMAIL ADDRESS
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I, Benoit Michael Allen, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were coming down 20th I looked down for a second looked up saw the car in front of me stopped hit my Brakes pavement was wet wheels Locked up went into a slide and Rear ended The car in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 1-24-15	LOCATION SIGNED Lk. Stevens
OFFICER/NUMBER: 5018	DATE SIGNED "	LOCATION SIGNED "

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

Incident History for: #SS15001482

Case Numbers: \$SS15000228

Entered 01/24/15 13:45:33 BY SPCT01 SP0397
Dispatched 01/24/15 13:46:17 BY SPSC39 SP0241
Enroute 01/24/15 13:46:17
Onscene 01/24/15 13:50:29
Closed 01/24/15 14:14:44

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377H-6 Group: SS1 Beat: NORT
Src: T

Loc: 117 AV NE/20 ST NE , LKS (V)

Loc Info:

Name: FISHER, EMILY MAE

Addr:

Phone: 3608205470

/1345 (SP0397) ENTRY , CC, NON INJ, NON BLKING, RP IN BLK NISS ALT VS
SILV NISS PATHFINDER
/1345 CHANGE NAM: --> FISHER, EMILY MAE,
PHO: --> 3608205470
/1346 (SP0241) DISPER 19D3 #SS75 CHRISTENSEN, OFCR (CHAD)
/1350 ASSTOS 19S10 [117 AV NE/20 ST NE , LKS]
#SS13 BROOKS, SGT (RON)
/1353 (SS75) *ONSCNE 19D3
/1354 (SP0241) NEWLOC 19S10 [123/20]
/1355 (SP0224) ASNCAS 19S10 \$SS15000228
/1414 (SS75) CLEAR 19D3
/1414 (SP0224) CLEAR 19S10 D/H
/1414 CLOSE 19S10